

S. No. 2
OM-5-43
Ev. 5-17-39
I X36671

FILED FEB 28 1944

State File No. 1448

Registration District No. Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH: 318
 (a) County St. Louis, Mo.
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL; 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton (If outside city or town limits, write "RURAL")
 (d) Street No. R. R. # 6 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Mabel Lorence Craighead
 3. (b) If veteran, name war None 3. (c) Social Security No. None
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William E. Craighead 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased July 9 1884
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 12 year 1944 hour 7:45 minute P. M.
 21. I hereby certify that I attended the deceased from Feb 11 1944 to Feb 12 1944 that I last saw her alive on Feb 12 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 59 7 3 hr. min.

Immediate cause of death Bronchogenic Carcinoma 3 years
 Duration
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy confirm above

9. Birthplace Callaway Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name Wesley Roberts
 13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Louise Herring
 15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) Means of injury
 Signature Dallas P. Anthony (M. D. or other)
 Address BARNES HOSPITAL Date signed 2-12-44

16. (a) Informant Wm. E. Craighead
 (b) Address Fulton, Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-44 (Month) (Day) (Year)
 (c) Place: burial or cremation Fulton, Missouri
 18. (a) Signature of funeral director Albert H. Hoppe, Inc.
 (b) Address 4700 Washington Blvd.
 19. (a) FEB 14 1944 (Date recorded by registrar) J. F. Bruce (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 22 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Isy W. Wilkinson*

..... Licensed Embalmer No..... *3575*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.